

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/20/2012
FORM APPROVED
OMB NO. 0938-0391

454 11/03/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445422		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/19/2012	
NAME OF PROVIDER OR SUPPLIER ETOWAH HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 409 GRADY ROAD, PO BOX 957 ETOWAH, TN 37331			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
F 315 SS=E	<p>During the annual recertification survey and complaint survey conducted on September 17, 2012, at Etowah Health Care Center, no deficiencies were cited in relation to the complaints # 30040 and # 29982 under 42 CFR PART 482.13, Requirements for Long Term Care.</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to initiate a timed toileting program for four (#1, #18, #19, #21) of twenty-four residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on May 27, 2009, with diagnoses including Diabetes, Senile Organic Psychotic Disorder, Depression, Heart Failure, Pneumonia, and Hypertension.</p> <p>Medical record review of the quarterly Minimum</p>			F 315	<p>DISCLAIMER: "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth of the statement of deficiencies. This plan is prepared and/or executed solely because it is required."</p> <p>Administrator <u>[Signature]</u> Date <u>11/3/12</u></p> <p>F315 URINARY INCONTINENCE</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #1, 18, 19, and 21 were placed on bladder tracking. A licensed nurse will evaluate the results and implement an incontinence management program as necessary.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

LNA

(X6) DATE

10/3/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

OCT 04 2012

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F 315	<p>Continued From page 1</p> <p>Data Set dated July 9, 2012 revealed the resident required minimum assistance with decision making, had no problem with memory, required extensive assistance with transfers, and was frequently incontinent of bladder.</p> <p>Review of the facility's Incontinence Policy revealed, "...If a resident is a candidate for Bowel and Bladder retraining, the resident will be placed on a trial retraining program lasting up to 2 weeks, at which they will be re-evaluated..."</p> <p>Medical record review of the facility's Bladder and Bowel Assessment revealed if a resident scored 7-14, then the resident is a candidate for toileting schedule (Timed Toileting); A score of 15 - 21, indicates the resident is a good candidate for individualized training program.</p> <p>Medical record review of the facility's Bowel and Bladder Assessment revealed the resident's bladder function had been assessed quarterly on June 30, 2011, October 27, 2011, and March 22, 2012. the resident scored a 16. Continued review revealed the resident scored a 12 on March 22, 2012. The scores indicated the resident was a candidate for timed toileting.</p> <p>Observation and interview on September 17, 2012, at 1:00 p.m., revealed the resident sitting in a wheelchair in the room, looking out of the window. Interview with the resident, at that time, revealed, "I know when I have to go to the bathroom but sometimes I can't hold it."</p> <p>Interview with a Licensed Practical Nurse (#1) on</p>	F 315	<p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>An in-service will be given by the Director of Nursing on 10/12/12 to the nursing staff. The staff will be educated on the policy and procedure, new forms and how to identify appropriate residents for this program.</p> <p>The MDS coordinators and the Clinical Nurse Supervisors were in-serviced on the urinary continence assessments, new forms and the incontinence program on 10/03/2012 by the Director of Nursing.</p> <p>A pre and post test will be administered to evaluate in-service learning effectiveness.</p> <p>A licensed nurse will review 100% of the current census for the most recent urinary continence assessment and compare that data to the previous assessment. If a significant change is identified, those residents will be placed on a bladder tracker. The results will be reviewed and the resident will be placed on the appropriate incontinence program. This will be completed by 10/12/12.</p>	10/23/12	

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F 315	<p>Continued From page 2</p> <p>September 17, 2012, at 2:00 p.m., at the nursing station, confirmed the resident had not been started on a timed toileting program.</p> <p>Resident #18 was admitted to the facility on May 14, 2012, with diagnoses including Metabolic Encephalopathy, Chronic Kidney Disease, and Diabetes.</p> <p>Medical record review of the quarterly Minimum Data Set dated August 17, 2012, revealed the resident required limited assistance with decision making, had no problem with memory, required total assistance with transfers, and was frequently incontinent.</p> <p>Review of the facility's quarterly Bladder and Bowel Assessment revealed, the resident scored a 16 on May 14th and March 22nd, 2012.</p> <p>Observation and interview on September 18, 2012, at 2:30 p.m., revealed the resident lying in the bed. Interview, at that time, revealed, "I know when I have to go to the bathroom."</p> <p>Interview with a Certified Nursing Assistant (#1) on September 18, 2012, at 2:45 p.m., at the nursing station, confirmed the resident always calls for assistance when he /she was incontinent.</p> <p>Interview with the Licensed Practical Nurse on September 18, 2012, at 3:30 p.m., at the Nursing Station, confirmed the resident had not been started on a timed toileting program.</p>	F 315	<p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:</p> <p>The licensed nurse completing the urinary continence assessment will place the resident on a bladder tracker if indicated. After the completion of the tracking form, the data will be reviewed by the Clinical Nurse Supervisors and an appropriate incontinence program will be put into effect according to that resident's needs. During the MDS assessment period, the MDS coordinators will review the bladder continence assessments completed quarterly by the licensed nurses. This training will be incorporated into new hire orientation for both licensed nurses and aides.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Bladder audits will be conducted by the MDS coordinators weekly for a minimum of four weeks or until substantial compliance achieved, to assure that changes in continence are captured and the appropriate programs are in place. The audits will be reviewed by the DON or designee weekly for a minimum of four weeks or until substantial compliance achieved. Trends, patterns and or problem areas will be corrected immediately and discussed in the next QA meeting. A corrective action plan will be developed and implemented as necessary.</p>	10/27/12	

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F 315	<p>Continued From page 3</p> <p>Resident #19 was admitted to the facility on July 11, 2006, with diagnoses including Schizophrenia, Dementia Not Otherwise Specified, Convulsions, Pernicious Anemia, Depression, and Urinary Incontinence.</p> <p>Medical record review of the Minimum Data Set dated July 6, 2012, revealed the resident was cognitively impaired, incontinent of urine and required assistance with activities of daily living.</p> <p>Continued medical record review of the facility document, Bowel and Bladder Assessment revealed, the resident's bladder function had been assessed quarterly on September 13, 2011, December 15, 2011, March 15, 2012, and June 9, 2012, and the resident scored a rating of 14 on each assessment and was a candidate for timed toileting interventions to reduce incontinence.</p> <p>Continued review of the medical record and care plan revealed the resident had not been placed on timed toileting interventions.</p> <p>Observation of the resident on September 18, 2012, at 2:49 p.m. in the dining area, revealed the resident to be alert and nonverbal, but able to follow simple commands.</p> <p>Interview with LPN #3 on September 18, 2012, at 3:59 p.m. at the 100 hall nursing station confirmed, the resident was cognitively impaired but able to follow simple commands, and was frequently incontinent of urine. Continued interview confirmed the resident was a candidate for timed toileting interventions and the facility</p>	F 315			

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F 315	<p>Continued From page 4</p> <p>failed to implement timed toileting interventions.</p> <p>Resident # 21 was admitted to the facility on September 19, 2011, with diagnoses of Depression, Neurotic Disorder, Anxiety State, Nonorganic Psychosis, Vascular Dementia, and hypothyroidism.</p> <p>Medical record review of the quarterly Minimum Data Set dated July 9, 2012, revealed the resident required minimum assistance with decision making, had no problem with memory, required extensive assistance with transfers, and was frequently incontinent of bladder.</p> <p>Medical record review of the last two Quarterly Bowel and Bladder assessments, dated June, 10, 2012 with a score of 13, and dated September 10, 2012, with a score of 12, indicated the resident was a "...candidate for toileting schedule (timed voiding) establish voiding patterns ..."</p> <p>Interview with Licensed Practical Nurse (LPN) #2 at the B hall Nurses' Station on September 18, 2012, at 3:00p.m., confirmed the resident had not been placed on a toileting program.</p>	F 315			